

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/049,428

FLING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			Canceled			
3			1			
4			1			
5			Canceled			
6			1			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
14			1			
15			1			
16			1			
17			1			
18			1			
19			1			
20			1			
21			2			
22			2			
23			2			
24			2			
25			Canceled			
26						
27						
28						
29						
30						
31						
32						
33			Canceled			
34			1			
35			1			
36			1			
37			1			
38			2			
39			2			
40			2			
41			2			
42			2			
43			Canceled			
44						
45			Canceled			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.			9			
TOTAL DEP.			36			
TOTAL CLAIMS			45			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			Canceled			
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS